

	Class	Subclass
ISSUE CLASSIFICATION		

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PATENT NUMBER \_\_\_\_\_

# U.S. UTILITY Patent Application

PD O.I.P.E. SCANNED <u>BC<sup>2</sup></u> Q.A. <u>RG</u>	PATENT DATE
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APPLICATION NO. 09/534946	CONT/PRIOR D	CLASS 705	SUBCLASS <del>2</del> 2	ART UNIT <del>2768</del> 277	EXAMINER <del>Murphy</del> BLECK
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## APPLICANTS

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362.6

# TITLE

Cardiovascular healthcare management system and method

PTO-2040  
12/99

<b>ISSUING CLASSIFICATION</b>															
<b>ORIGINAL</b>				<b>CROSS REFERENCE(S)</b>											
<b>CLASS</b>		<b>SUBCLASS</b>		<b>CLASS</b>	<b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b>										
<b>INTERNATIONAL CLASSIFICATION</b>															

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>			
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>    			
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____  _____ _____	_____ (Primary Examiner) (Date)					
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		<b>ISSUE FEE</b> <table border="1"> <tr> <td>Amount Due</td> <td>Date Paid</td> </tr> </table>		Amount Due	Date Paid
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			<b>ISSUE BATCH NUMBER</b>			

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